

Attorney Docket No.: 015280-502000US Client Reference No.: DHHS E-061-2004/0

DECLARATION

As a below named inventor, I declare that:

inventor (if only o matter which is o ENDOTRACHEA	ne name is listed be laimed and for wh	d citizenship are as stated below) or an original, first and nich a patent is sought on fication of which is atta (if applica)	joint inventor (if plural the invention entitled: ched hereto or X was	inventors are named below) MUCUS SHAVING APPA	of the subject RATUS FOR
amendment referre Code of Federal R foreign application	ed to above. I acknot egulations, Section a(s) for patent or inv icate having a filing	e contents of the above ide owledge the duty to disclose i 1.56. I claim foreign prioric entor's certificate listed below date before that of the application	nformation which is man by benefits under Title 3 w and have also identific	terial to patentability as defin 5, United States Code, Secti ed below any foreign applica	ned in Title 37, on 119 of any
Filor Foreign Ap	Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119	
I hereby claim the		35, United States Code § 1190	(e) of any United States		ed below:

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

,		
Application No.	Date of Filing	Status

Full Name of	Last Name:	First Name:	Middle Name or Initial:		
Inventor 1:	KOLOBOW	THEODOR			
Residence &	City:	State/Foreign Country:	Country of Citizen	nship:	
Citizenship:	Rockville	Maryland United States			
Post Office	Post Office Address:	City:	State/Country:	Postal Code:	
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Full Name of	Last Name:	First Name:	Middle Name or Initial:		
Inventor 2:	BERRA	LORENZO			
Residence &	City:	State/Foreign Country:	Country of Citizen	nship:	
Citizenship:	San Giacomo	Italy	Italy		
Post Office	Post Office Address:	City:	State/Country:	Postal Code:	
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	Zibido	·			

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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2
Luchtle	
Theodor Kolobow	Lorenzo Berra
Date 7 - 29 04	Date

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ANNA M. SALINAS NOTARY PUBLIC STATE OF MARYLAND My Commission Expires May 10, 2006

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Signature of Inventor 1	Signature of Inventor 2
Theodor Kolobow Date	Lorenzo Berra Date Tuly 26 - 2004

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